Improving California's Response To Mentally Ill Offenders: An Analysis of County-Identified Needs

Staff Report

Mentally Ill Offender Crime Reduction Grant Program

California Board of Corrections
600 Bercut Drive
Sacramento, CA 95814

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EXECUTIVE SUMMARY

The Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program helps fund the implementation and evaluation of locally developed demonstration projects designed to reduce crime, jail crowding and criminal justice costs associated with mentally ill offenders. As part of the MIOCRG application process, counties submitted Local Plans to the Board of Corrections (BOC) identifying specific needs for improving their effectiveness in responding to mentally ill offenders. In March 1999, the BOC received 44 Local Plans from 45 counties (there was one regional proposal) that are home to over 96% of the State's population. This report presents findings of a BOC staff analysis that focused on the needs identified in at least 25% of the Local Plans – information that should prove useful to policy makers at both the state and local level.

Generally speaking, the Local Plans defined a need as a lack of *adequate* resources for expanding or enhancing the availability or delivery of existing programs/services. However, in some cases, a need was defined as the lack of *any* resources for developing a particular program/service. This analysis, which did not differentiate between the two definitions, found that the Local Plans identified a total of 20 specific needs that fall into four general categories (In-Custody, Post-Custody, Judicial Process and System). Definitions of these specific needs (based on common descriptions and/or examples) are provided in this report, which includes statewide findings as well as pertinent results based on region and county size.

Specific In-Custody needs identified in the MIOCRG Local Plans were Identification/Screening, Diagnosis/Assessment, Case Management, Treatment Capacity, Dedicated Housing, and Discharge Planning. Of these, Treatment Capacity and Discharge Planning were cited most frequently, having been identified in over four-fifths of the plans. Nearly two-thirds of the plans identified the need for Identification/Screening, and over half of the plans identified the need for Case Management and Diagnosis/Assessment. The plans from Northern and Central California counties generally identified a greater number of needs in this category than plans from other regions. Small counties identified the most needs in this category and large counties identified the fewest.

Half of the specific needs identified in the MIOCRG Local Plans were in the Post-Custody category. These needs were Linkages, Treatment Capacity, Case Management, Community Supervision, Outreach, Housing Options, Transportation, Education/Self-Help Activities, Employment/Training, and Benefit Assistance. Of these 10 needs, four were cited in at least three-fourths of the Local Plans (Treatment Capacity, Case Management, Linkages and Housing Options) and Treatment Capacity was cited most often (89% of plans). Regionally, the plans from Southern California and Bay Area counties identified the most needs in this category. In addition, on average, large counties identified the most Post-Custody needs and small counties identified the fewest.

Of the two specific needs within the Judicial Process category, over two-thirds of the Local Plans identified the need for Court Orders and approximately one-third of the plans identified the need for a Specialized Court and/or Liaison. The Local Plans from Bay Area counties most frequently cited the need for Court Orders, a gap also identified more often by large and mid-sized counties.

Both of the needs in the System category are widespread. All but two of the Local Plans (95%) identified the need for Interagency Coordination, which was the most frequently cited need in the entire analysis, and 80% of the plans described the need for Cross Training. There were no marked differences by region or county size.

The 15 demonstration projects supported by the MIOCRG Program address multiple needs identified in the Local Plans. Although the statutorily required evaluation of these projects will help determine the most effective approaches to curbing recidivism among persons with serious mental illness, this analysis of the MIOCRG Local Plans indicates there is a tremendous need for additional resources and more interagency collaboration in addressing this problem.

INTRODUCTION

The U.S. Department of Justice issued a report in July 1999 indicating that mentally ill offenders account for over 15 percent of the inmates in the nation's jails. For California, the findings of this comprehensive national survey translate into approximately 11,500 mentally ill inmates in county jails, most of which lack the resources and expertise needed to provide appropriate mental health treatment and supervision to these individuals. The consensus among experts in the field is that the relative paucity of community-based treatment and intervention resources available to assist this population has contributed to a costly cycle of re-arrest, re-incarceration and re-release among mentally ill offenders. In California, the numbers are staggering. According to the Pacific Research Institute, California's annual jail and probation costs for mentally ill offenders exceed $300 million.

In September 1998 the Legislature initiated an effort to improve California's response to mentally ill offenders by creating the Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program. Chapter 501, Statutes of 1998 (Appendix A) requires the Board of Corrections (BOC) to award and administer competitive grants supporting locally developed demonstration projects aimed at reducing crime, jail crowding and criminal justice costs associated with mentally ill offenders.

Chapter 502, Statutes of 1998 appropriated $27 million for the MIOCRG program. Of this amount, the legislation set aside up to $2 million for non-competitive planning grants to counties. In consultation with the Departments of Mental Health and Alcohol and Drug Programs, the BOC awarded planning grants of $22,500 to $62,500 to all applicant counties for use in developing a Local Plan that describes existing programs/services for mentally ill offenders and identifies gaps in the continuum of responses to this population.

In March 1999, the BOC received 44 Local Plans from 45 counties (Sutter and Yuba developed a regional plan). An Executive Steering Committee (ESC) comprised of three Board members and representatives from local law enforcement, mental health and county government (Appendix B) reviewed these plans and evaluated grant applications in order to make funding recommendations to the full Board. Based on the ESC's recommendations, the Board subsequently awarded funds to seven counties for MIOCRG demonstration projects (Appendix C). The 1999/00 State Budget Act included an augmentation of $27 million to the MIOCRG program and resulted in the award of demonstration grants to eight additional counties (Appendix D).

The scope of the MIOCRG Local Plans developed by counties varied considerably. Taken together, however, these plans provide a substantial amount of information concerning the needs counties have identified for improving their response to mentally ill offenders. Recognizing the inherent value of this information to policy makers and other interested persons, BOC staff analyzed the 44 MIOCRG Local Plans and summarized key findings in this report.

LOCAL PLANS: THE PROCESS AND PARTICIPANTS

An Overview of the Process

Chapter 501 establishes specific requirements regarding eligibility for an MIOCRG demonstration grant. Among other things, an applicant county must establish a Strategy Committee chaired by the Sheriff or County Department of Corrections Director. At a minimum, the composition of the Strategy Committee must include the chief probation officer, county mental health director, a superior court judge, representatives of a local law enforcement agency and mental health provider organization, and a client of a mental health treatment facility.

The Legislature charged the Strategy Committee with developing the Local Plan, which must include strategies addressing mental health/substance abuse treatment for mentally ill offenders released from custody, strategies for establishing their long-term stability in the community, and specific outcome measures for assessing the effectiveness of those strategies in reducing crime and criminal justice costs related to mentally ill offenders.

As one might expect, the specific process counties used in developing their Local Plans differed. Some counties formed task forces or subcommittees, for example, while others relied primarily on department staff or consultants. Regardless of their approach, counties used many of the same tools in identifying unmet needs related to mentally ill offenders. These tools included reviewing previous studies; examining booking data and crime trends; taking jail "snapshots;" conducting interviews with inmates, jail staff, consumers and service providers; and holding public information gathering forums.

Profile of Participating Counties

The large number of counties that chose to participate in the MIOCRG planning process reflects widespread interest in the availability of state funds for demonstration projects related to mentally ill offenders. In March 1999, the BOC received a total of 44 Local Plans from 45 counties (Sutter and Yuba undertook a regional planning effort). According to the January 1999 population estimates from the California Department of Finance's Demographic Research Unit (Appendix E), these 45 counties are home to a projected 32,580,125 residents, or 96.5% of the State's total population.

In terms of size, 12 of the 45 counties have populations over 700,000 (large), 14 have populations between 200,000 and 700,000 (mid-sized), and 19 have populations under 200,000 (small).

> Large Counties: Alameda, Contra Costa, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, and Ventura.
>
> Mid-sized Counties: Butte, Kern, Marin, Merced, Monterey, Placer, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, and Tulare.
>
> Small Counties: Colusa, Del Norte, El Dorado, Humboldt, Imperial, Kings, Lassen, Madera, Mendocino, Modoc, Mono, Napa, Plumas, Shasta, Siskiyou, Sutter, Tuolumne, Yolo, and Yuba.

Participants also represent California's geographical diversity. Nine are Bay Area counties (per the Association of Bay Area Governments), 16 are Northern California counties, 13 are Central California counties (includes both the Valley and the Coast), and 7 are Southern California counties.

> Bay Area Counties: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma.
>
> Northern California Counties: Butte, Colusa, Del Norte, El Dorado, Humboldt, Lassen, Mendocino, Modoc, Placer, Plumas, Sacramento, Shasta, Siskiyou, Sutter, Yolo, and Yuba.
>
> Central California Counties: Kern, Kings, Madera, Merced, Mono, Monterey, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare, and Tuolumne.
>
> Southern California Counties: Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura.

METHODOLOGY FOR ANALYSIS

The Purpose

The primary objective of this analysis was to assess and summarize information provided by counties in their MIOCRG Local Plans concerning locally identified gaps, or needs, in the existing continuum of responses to mentally ill offenders. To achieve this purpose, the analysis focused on answering the following questions, each of which is addressed in the next section of this report.

- How did counties define a need?
- What general categories of needs did counties identify?
- What specific needs within these categories did counties most frequently identify?
- Did identified needs vary according to county size?
- Were there regional differences in county-identified needs?

The Process

To begin answering these questions, BOC staff reviewed a representative sample of Local Plans submitted to the BOC in March 1999. This initial review encompassed seven plans and resulted in the development of an extensive list of needs. Staff then reviewed all 44 Local Plans and tabulated each time a plan identified one of the needs on the list. Based on this review, staff determined that the various needs identified in the Local Plans fell into four general categories and that the analysis would focus on those specific needs identified in at least 25% (11) of the Local Plans. The use of this criterion resulted in findings for a total of 20 specific needs.

Staff then conducted a second review of all 44 Local Plans. Overall, neither the general categories nor specific needs changed as a result of this second review; however, there were revisions to the initial tabulations made for each Local Plan.

To help ensure that this analysis both identified and presented data in a relevant, clear manner, staff consulted with two BOC researchers. In addition, to help ensure the utility of this analysis, the BOC's Management Team (Executive Director and Deputy Directors) and other staff members reviewed a draft of the report.

Interested persons are welcome to review the MIOCRG Local Plans at the Board of Corrections' office, 600 Bercut Drive, Sacramento, or to request copies directly from the counties.

ANALYSIS OF LOCAL PLANS

How did counties define a need?

Counties typically described a need as a barrier to creating a comprehensive continuum of graduated responses to mentally ill offenders. In the majority of Local Plans, a barrier (frequently described as a gap) related to a lack of adequate resources for expanding or enhancing the availability or delivery of existing programs/services. However, in some cases, a barrier related to the lack of any resources for developing a particular program/service. It should be noted that the findings presented in this report reflect needs identified by counties at a particular point in time – i.e., during a local planning process that culminated with the submission of Local Plans to the BOC in March 1999. As a result, it is possible that some of the needs identified in individual Local Plans may no longer exist.

What general categories of need and specific needs did counties identify?

The needs described by counties in their MIOCRG Local Plans fall into four general categories: 1) In-Custody Needs; 2) Post-Custody Needs; 3) Judicial Process Needs; and 4) System Needs. There were 20 specific needs within these four categories that were identified in at least 11 of the 44 Local Plans (criterion for inclusion in this analysis). As illustrated in the following table, the largest number of specific needs occurs upon the release of mentally ill offenders from jail into the community.

General Categories of Needs Identified in MIOCRG Local Plans

In-Custody	Post-Custody	Judicial Process	System
Identification/Screening Diagnosis/Assessment Case Management Treatment Capacity Dedicated Housing Discharge Planning	Linkages Treatment Capacity Case Management Community Supervision Outreach Housing Options Transportation Education/Self-Help Activities Employment/Training Benefit Assistance	Court Orders Special Court/Liaison	Interagency Coordination Cross Training

The six specific needs within the In-Custody category address program/service gaps in booking and classification, throughout the period of incarceration, and up to the point of the offender's release. Nearly two-thirds of the Local Plans (64%) cited at least four of the specific needs in this category.

Half of the 20 specific needs included in this analysis relate to programs/services designed to reintegrate mentally ill offenders into the community following their release from jail. Over two-thirds of the Local Plans (68%) identified six or more of the 10 specific needs in the Post-Custody category.

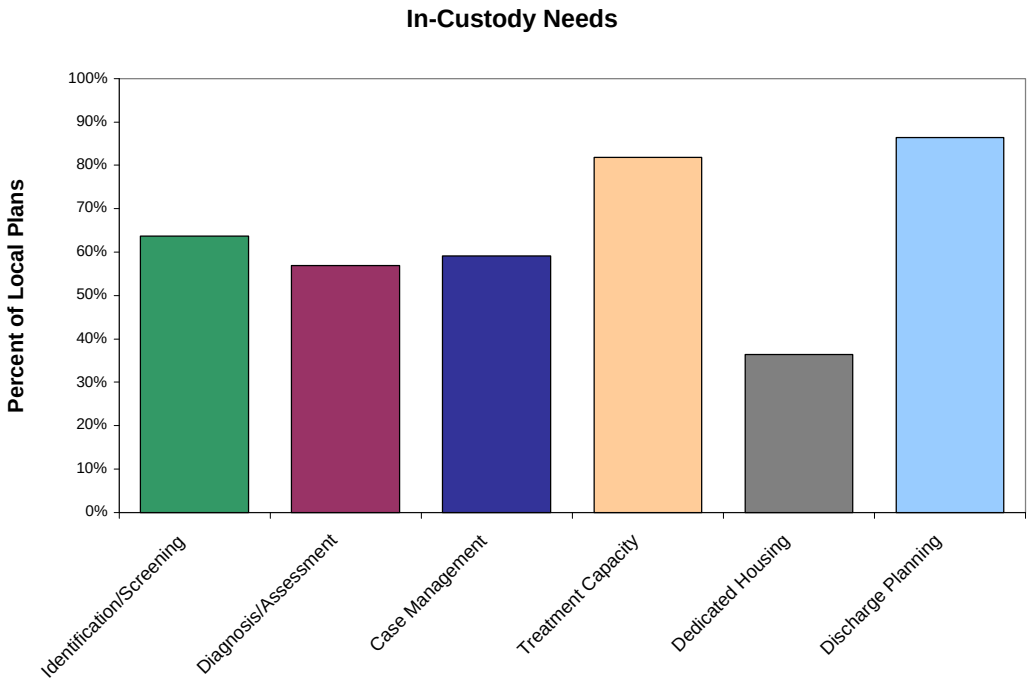
There were two specific needs identified in the Judicial Process category, Court Orders and a Special Court/Liaison. One-fourth of the Local Plans cited both of these needs. As pointed out in several Local Plans, the courts ultimately determine the fate of mentally ill offenders who are in jail and, for some counties, will play a key role in efforts to curb recidivism among persons with mental illnesses

The general category of System Needs reflects the recognition in MIOCRG Local Plans that several different agencies deal with mentally ill offenders (i.e., law enforcement, corrections, mental health, judiciary and social services). The specific needs identified in this category were Interagency Coordination and Cross Training. Three-fourths of the Local Plans cited both of these needs.

What specific needs did counties most frequently identify?

In-Custody Needs

As illustrated in the following chart, over half of the Local Plans identified five of the six specific needs within this category. Discharge Planning and Treatment Capacity were the most frequently cited needs, identified in over four-fifths of plans, while Dedicated Housing for mentally ill offenders was the least often identified need.



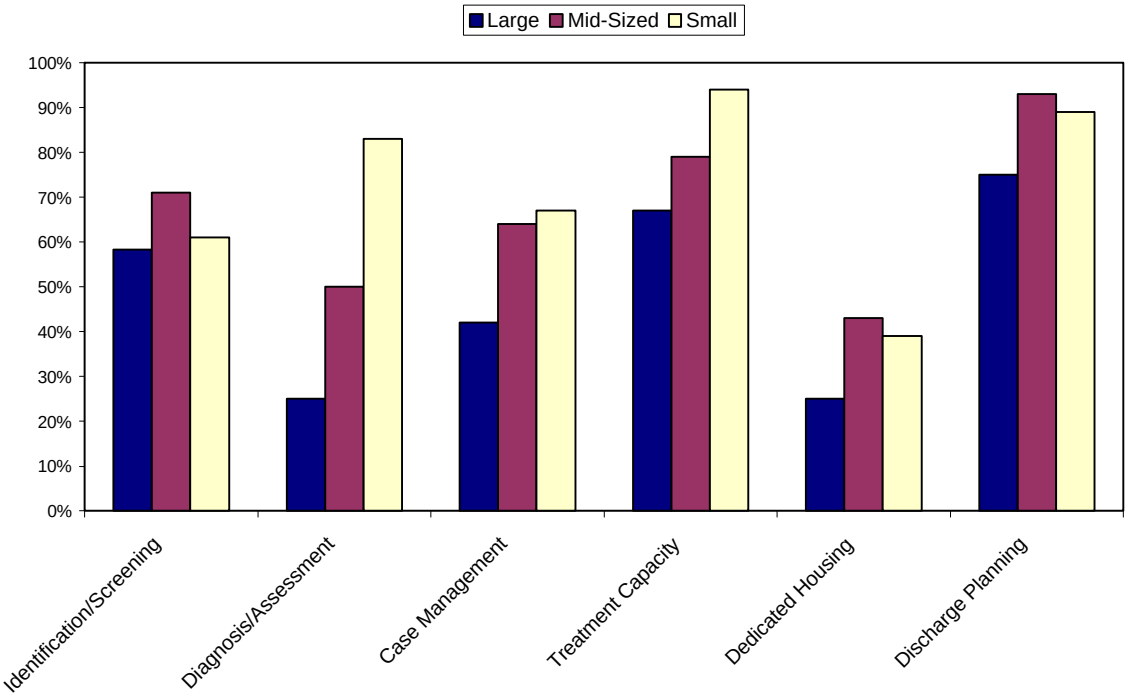
Discharge Planning, an identified need in 38 of the Local Plans (86%), was commonly described as the capacity to develop individually tailored release plans that include, at a minimum, referrals to appropriate community-based programs for treatment, housing, life skill training and other basic services. Treatment Capacity, an identified need in 36 of the 44 Local Plans (82%), includes crisis intervention, inpatient care, substance abuse and medication services (most notably the need for access to new medicines).

Nearly two-thirds of the Local Plans (64%) identified the need for improving the detection of mental illness among offenders (Identification/Screening), whether through interviews, the administration of specialized instruments and/or the use of automated/integrated data systems. Most of these plans emphasized the need for early identification of offenders with mental health problems, citing research that shows these individuals typically spend very short periods of time in jail.

Over half of the Local Plans identified the need for In-Custody Case Management of mentally ill offenders, an intervention described as essential to ensuring continuity of care and assistance from intake through discharge planning. Diagnosis/Assessment, commonly described as the need for more comprehensive clinical evaluations of an offender's mental illness in order develop an appropriate treatment plan, was also cited in over half of the Local Plans.

An assessment of findings on a regional basis found that Treatment Capacity and Discharge Planning were identified in a larger percentage of plans from all regions than the other needs in this category. Further, based on the average percentage for all six needs, the plans from Northern and Central California counties generally identified a greater number of needs than plans from the other regions. The largest regional difference in the In-Custody category was Diagnosis/Assessment, with 29% of the plans from Southern California counties identifying this need compared to 87% of the plans from Northern California counties. There was also a noticeable difference for Dedicated Housing, with over 60% of the Local Plans from Central California counties citing the need for psychiatric and/or mental health beds compared to less than 30% of the plans from other regions.

Percent of In-Custody Needs by County Size



With respect to county size, the chart above shows that each of the six specific needs in the general In-Custody category was identified in a larger percentage of Local Plans from mid-sized and small counties than large ones. The chart also shows that the biggest difference in terms of a specific need within this category was for Diagnosis/Assessment, with over 83% of the plans from small counties, half of the plans from mid-sized counties and one-quarter of the plans from large counties citing this need.

Post-Custody Needs

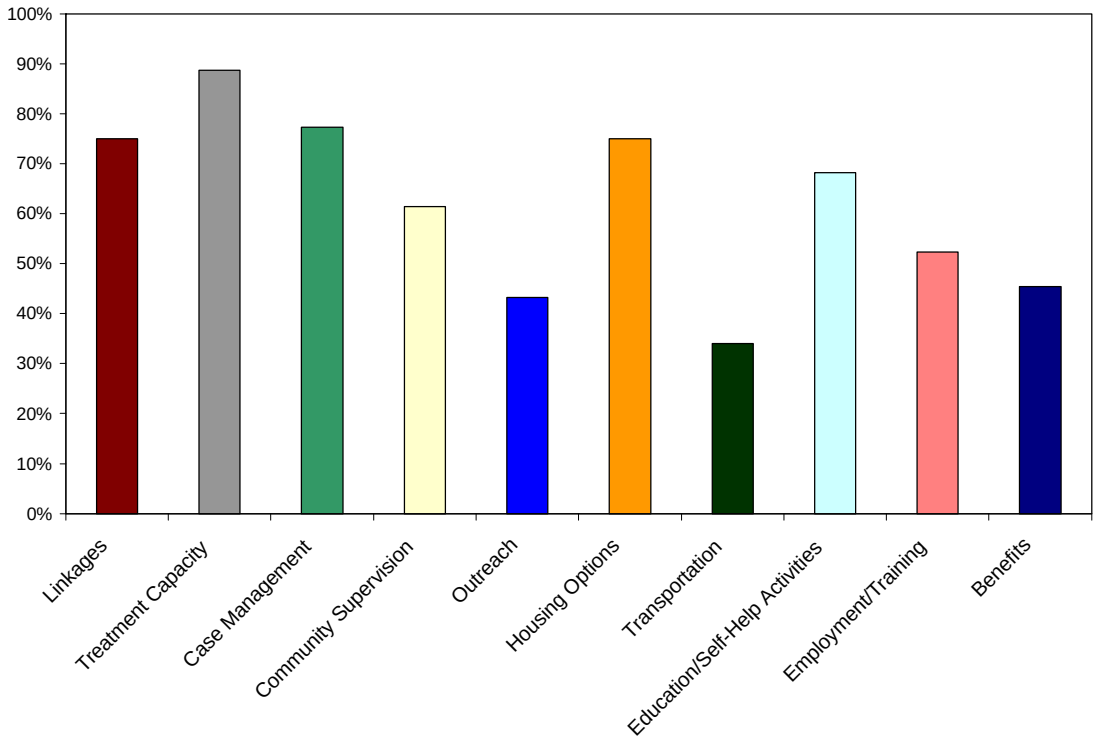
The MIOCRG Local Plans reflect a tremendous need for resources that will enable counties to better support and assist mentally ill offenders as they transition back into the community upon release from custody. Of the 10 specific needs within the Post-Custody category, four were cited in at least three-fourths of the Local Plans (Treatment Capacity, Case Management, Linkages and Housing Options) and one (Education/Self-Help Activities) was cited in two-thirds of the plans. The next most frequently cited needs in this category were Community Supervision and Employment/Training. Benefit Assistance, Outreach and Transportation were the specific needs within this category cited least often in the Local Plans.

As shown in the chart below, the need for Treatment Capacity in the community was cited most often. All but five of the Local Plans (89%) identified the need to develop and/or expand community-based treatment resources for mentally ill offenders, including urgent care, crisis intervention services, residential programs, and substance abuse services. A total of 34 Local Plans (77%) identified the need for Case Management in the community. Whether described by counties as intensive, assertive or aggressive, the need for Case Management always encompassed low staff to client ratios, typically involved a multidisciplinary team approach and frequently entailed around-the-clock access to a mental health case manager.

Generally speaking, the Local Plans described Linkages as the need for specific follow-up procedures designed to ensure that released offenders participate in community-based treatment and transitional programs. The need for Housing Options included temporary/transitional housing (a few weeks to a few months) to longer term stabilization housing (with an average stay of one year) and permanent, affordable rental housing. These two needs were both cited in 75% of the Local Plans.

Over two-thirds of the Local Plans (68%) described the need for Education/Self-Help Activities, commonly described as programs that focus on improving the basic living skills of mentally ill offenders (e.g., anger management/stress reduction, medication education, money management), training in parenting skills, and GED programs.

Post-Custody Needs



The least often cited needs in the Post-Custody category were Benefits (help in securing SSI and other entitlements), which was cited in 45% of the Local Plans; Outreach (to consumers and their families as well as the general public), which was identified in 43% of the Local Plans; and Transportation (for mentally ill offenders), which was described in 34% of the Local Plans.

Regionally, the analysis found that the Local Plans from Southern California and Bay Area counties identified the highest average number of needs in the Post-Custody category. Interestingly, the plans from these two regions also identified the lowest average number of In-Custody needs. With regard to the specific needs identified in this category, there was a noticeable regional difference for Employment/Training, generally described as vocational opportunities and job search/placement activities. A much lower percentage of the plans from Southern California cited this need compared to other regions.

Regardless of county size, the Local Plans most often identified the need for expanded Treatment Capacity in the community. On average, the Local Plans from large counties identified the most Post-Custody needs and the plans from small counties identified the fewest (the opposite was the case for In-Custody needs). There was a noticeable difference for Community Supervision, described as low staff to client ratios that allow for more frequent contacts (intensive supervision), additional assistance with summary probationers and/or the use of probation officers who are specially trained to deal with the mentally ill offender population. Over 70% of the Local Plans from large and mid-sized counties cited Community Supervision as a need while a third of the plans from small counties did so.

Judicial Process Needs

While underscoring the need for a broad array of community-based services to help keep people with mental illnesses out of jail, a large number of Local Plans recognized that in many cases successful reintegration will not happen without involving the courts. As one participating county has observed, for us "the carrot without the stick" has proved ineffective with this population. Other counties apparently agree because over two-thirds of the Local Plans cited the need for Court Orders (typically conditions of probation) designed to increase the likelihood of compliance with treatment recommendations and with the law. Court-ordered participation in treatment programs, drug testing, electronic monitoring, restraining orders, and curfew limits were among the specific issues addressed in the Local Plans that cited this specific needs.

Approximately one-third of the plans cited the need for a Special Court/Liaison to facilitate the disposition of mentally ill offenders. This need includes creating or expanding a mental health court and/or using an individual/team to interface with the courts on behalf of mentally ill offenders.

In terms of regional results, the Local Plans from Bay Area counties most frequently cited the need for Court Orders (89%) while the plans from Southern California counties least often cited the need for a Specialized Court and/or Liaison (14%). By county size, the only difference was that more large and mid-sized counties cited the need for Court Orders.

System Needs

Nearly all of the Local Plans (95%) identified the need for Interagency Coordination, one of two specific needs in the System category and the most frequently cited need in the entire analysis. Four issues were addressed in terms of this need: improved communication/information sharing; data integration; formal supports such as interagency agreements; and an ongoing role for the Strategy Committee. Research involving a national sample of programs similar to the MIOCRG has shown that cooperation and communication between law enforcement, corrections, mental health and other agencies, even when goals and expectations appear to conflict, were among the factors most often cited as important to the program's success.

The goal of Cross Training, an identified need in 80% of the Local Plans, is to increase understanding among the affected agencies on specified practices and constraints related to mentally ill individuals. According to the Local Plans, there is a need to enhance understanding in several areas, including the detection of mental illness; the use of screening instruments; the role of custody staff in treatment and referral procedures; the availability of community resources; and cultural competency.

OVERVIEW OF PROJECTS

The MIOCRG Program currently supports demonstration projects in 15 counties. As evidenced in the following project overviews, counties are implementing efforts that address multiple needs identified in the Local Plans. For additional information, interested persons may contact the Project Manager in each county (Appendix F).

Humboldt County is creating a multidisciplinary Jail Forensic Team that will provide coordinated wraparound services (24 hours a day, seven days a week) to severely mentally ill offenders – first in the Humboldt County Correctional Facility, then in the community. The team will be comprised of staff from the Sheriff's Department, Probation Department, and Department of Mental Health/Alcohol and Other Drug Programs.

The project involves four phases. The Candidate's Phase will include a thorough assessment of the client's bio-psychosocial needs and the development of a treatment plan. The client will then progress through the Primary Treatment Phase, which will begin in jail unless the client is released to an intensive supervision caseload. This phase involves medications, intensive case management and individually tailored services such as substance abuse counseling, educational groups, and therapy. The Treatment/Transition Phase continues the requirements of Phase II and links clients with community-based treatment programs and services (e.g., mental health day treatment, substance abuse treatment, transitional housing, transportation, education, etc.). The Maintenance and Community Transition Phase continues the Phase III treatment and monitoring requirements for three to six months. During this final phase, the client is expected to take responsibility for continuing treatment, with services being provided and coordinated at community hubs when appropriate.

Throughout the community-based portion of the program, the client is under intensive supervision by the Probation Officer. This supervision may include electronic monitoring and drug testing. Frequent status reviews by the court will be scheduled.

Referral to the program can be made during the pre-booking/intake process by medical or mental health services staff or by judges, district attorneys or public defenders. The identification and referral of clients will include an assessment of their mental illness, alcohol and other drug use, public safety risk, probation status, custody status and classification status. Upon court approval, the client will be randomly assigned to the treatment group or comparison group.

Kern County is creating a multidisciplinary "JAILINK" Team (Jail Alternatives, Information and Linkage) to coordinate services for seriously and persistently mentally ill offenders. This project includes the following elements:

- Pre-release and post-release services (including community-based board and care beds, transportation, intensive case management, and vocational rehabilitation) by trained mental health professionals who are working with Turning Point to promote long-term stability and recidivism prevention.

- Trained mental health staff at the Central Receiving Facility to identify mentally ill offenders and intervene to provide services in locations other than the jail if appropriate, and at the Psychiatric Unit of the Lerdo Complex to provide intervention, treatment and diagnosis services to mentally ill inmates.

- A Crisis Outreach Team comprised of mental health, medical and probation staff to ensure that each mental health plan developed by JAILINK is implemented.

- Enhanced crisis intervention services through a Sheriff's deputy who will be trained and dedicated to the county's existing Mobile Evaluation Team.

- Increased probation involvement, particularly for assistance with summary probationers, on the current Mental Health Forensic Services Team, which works closely with the Sheriff's department and courts to serve seriously mentally ill residents who have been court-ordered to receive mental health services and to help those at risk of resulting legal problems.

The project also involves an Oversight Committee to provide continuing direction and supervision in providing services to the target population.

Los Angeles County is establishing the Community Re-Integration of Mentally Ill Offenders (CROMIO) Program, an intensive case management program that will provide a continuum of services that will begin prior to the client's release from jail and include psychiatric, employment and housing services.

Program participants will be assigned to a Service Coordination Team (SCT) and a Personal Service Coordinator (PSC). The SCT will be comprised of a team leader, a psychiatrist (who will conduct weekly support classes to educate participants in effectively managing their own medications), one registered nurse, two psychiatric social workers, two probation offers, two deputy sheriffs, two substance abuse counselors and five case managers. In addition, the SCT will provide community employment and integration services through the efforts of a resource specialist, two job developers, two job coaches and a community integration specialist.

During the jail-based engagement phase of the program, the PSC and a criminal justice liaison from the Probation Department will educate the participant on the array of services available through the program and will begin to formulate an individual personal service plan based on an assessment of the offender's history, needs and goals.

Deputies and Mental Health staff will try to involve the participant's support system, including the PSC and/or family members as appropriate, in transitioning the offender from the jail to the community. Participants will be provided transportation to medical and dental appointments, vocational and educational services, and recreational opportunities. The program will establish partnerships with homeless shelters, board and care homes and residential programs to provide housing. The PSC will visit the participant at least once a week to provide outreach and monitoring, one-on-one training in living skills, and assistance in obtaining/maintaining benefits and entitlements as well as in enrolling and staying in school.

This project has been designated by the Legislature as a High Risk Model and will target mentally ill offenders who are likely to be committed to state prison.

Orange County is implementing the Immediate Mental Health Processing, Assessment, Coordination and Treatment (IMPACT) project, which will involve the creation of specialized teams of deputy probation officers and behavioral mental health clinical staff to address the specific and unique needs of mentally ill offenders and to take immediate steps when signs of psychiatric deterioration or non-compliance are evident. These teams will be trained to assess the signs of mental illness and deterioration and will be able to use specialized terms and conditions of probation to help offenders comply with treatment plans, counseling and other services. The teams will be assigned caseloads small enough (25-30 clients) to provide intensive supervision, follow-up and other case management activities.

To accomplish the objectives of its proposal, the county will continue to coordinate with local treatment centers and the Sheriff so that an offender's release occurs when services are open and available to the client. The county will also contract with a local non-profit service organization to

provide, immediately upon the client's release from jail, transportation to a treatment center for medication and other services; and contract with a community care provider to operate a community resource treatment center to provide psychiatric and medical services, peer counseling services, transportation to court and other support services, and assistance in accessing entitlement benefits and improving daily living skills.

In addition to these intensive services, the project will include development of a multi-lingual educational video to provide information about community education and treatment programs to families of clients. This video will be played in the visiting facilities at the Orange County jail. The county will also develop a centralized voice mail system for clients, their families and providers to provide around-the-clock access to information necessary to keep clients on treatment schedules and remind them of meetings with probation officers, court-required appearances, and other case management requirements. This Centralized Information Center will also serve to coordinate emergency shelter bed availability throughout the county.

Placer County is implementing a project with four components, the first of which involves the creation of a multi-disciplinary team that will evaluate mentally ill offenders when they come into the jail to determine the best approach to treatment and/or adjudication. A mental health professional will administer an assessment to determine diagnosis and need for services. Persons with a serious mental illness will be fast-tracked so that action can be taken as quickly as possible.

The second component involves the establishment of a Stabilization Unit in the jail (using existing pods) that will provide additional mental health services (e.g., more staff contact and counseling sessions) to persons who are experiencing psychosis or other extreme adjustment issues.

The third component is a Transitional Residential Treatment Program (TRTP) located near the jail to provide extensive treatment and living skills to offenders upon release. The TRTP, which will accommodate up to 20 offenders at any given time, will use a Certified Social Rehabilitation model that has four levels of treatment. Progression from one phase to the next will depend on the progress the individual makes in meeting the requirements of the individualized treatment program established by the interdisciplinary team. While allowing residents to remain in the residential program up to one year, the county anticipates that the average resident will stay three to four months.

The final component of this project is an Aftercare Program that works with the mentally ill offender and family members. Probation officers and the Adult Systems of Care Mental Health Unit will closely supervise the offender to provide services and living skills as well as sanctions for treatment non-compliance.

Riverside County is implementing a project with three components, the first being the creation of a dedicated 80-bed housing unit at the Robert Presley Detention Center (via modifications to an existing housing unit). This component includes the addition of specially trained staff within the housing unit to ensure early detection of decompensation and to provide critical linkages between mental health, health services and custody staff.

The second component involves a 10-bed expansion of the Alternative Sentencing Program (ASP), which provides community-based housing and a comprehensive treatment program that must be completed as a condition of probation (in lieu of incarceration in the dedicated housing unit). The ASP also provides linkages to monetary assistance for medical care, mental health care and other community support services (e.g., housing) needed for successful community reintegration.

The final component focuses on discharge planning and reintegration into the community for mentally ill offenders once they are released from custody. The county will implement a discharge management program that will begin three to four weeks prior to an inmate's release and will provide linkages to existing mental health and supportive services (e.g., transportation, financial advocacy

and vouchers for shelter/transitional living accommodations). This component also includes intensive probation supervision and coordination with community policing efforts to help ensure participation in the treatment program to which offenders are referred and reduce the chances of recidivism.

Sacramento County is implementing Project Redirection, which will enhance the current system for mentally ill offenders through the provision of service coordination and resource brokering, emergency and stabilizing housing, integrated substance abuse and mental health treatment, and crisis management.

Case managers and a dedicated senior probation officer are providing service coordination and resource brokering for appropriately identified offenders, encouraging participation in the project and coordinating their psychological and physical assessments, case planning and management activities, housing, and access to any other critical resources. A low caseload ratio (10:1) will allow for intensive case management.

Emergency and stabilizing housing, which has been secured via an agreement with a 12-bed transitional facility in the community, will give participants access to emergency placement and/or shelter and staff support for up to 30 days.

The county's Mental Health Division and Alcohol and Drug Bureau are developing an integrated treatment program that is tailored to participants' needs and includes relapse prevention training, group alcohol and other drug services, and job readiness training.

Crisis management is occurring through a collaborative effort between law enforcement and the client's assigned case manager, who will be contacted during or shortly after a crisis arises (e.g., loss of housing, psychological or substance abuse relapse, contact with the criminal justice system, loss of financial support). The case manager and probation officer meet with the project participant and work with the court, district attorney and public defender to develop an appropriate level of intervention and support in response to the crisis. Should the crisis necessitate re-incarceration in the jail, the case manager will maintain contact with the client, who will go through exit planning and be reintegrated into the project upon release.

San Bernardino County is implementing the San Bernardino Partners Aftercare Network (SPAN) project, which involves a multi-agency team whose purpose is to link seriously mentally ill inmates to needed mental health services upon release from jail. Housed on the grounds of the West Valley Detention Center (but in a separate building), this aftercare management team will serve as a "bridge" between custody and community integration by providing, among other things:

- Early discharge planning at booking to assess inmates' mental health status and post-incarceration housing and community service needs.
- Necessary referrals to outpatient mental health services (including counseling, medication services, and drug and alcohol services).
- A 14-day supply of medication at time of release until contact is made with a community mental health treatment resource.
- Financial advocacy to assist clients in obtaining Social Security, medical and other benefits and housing advocacy in locating independent living settings or residential placement.
- Transportation to community mental health clinics, a residence or placement facility.
- Identification cards to alert treatment providers, law enforcement personnel and others that the individual is part of the treatment program.

- Assessment /referral to the Mental Health Court and coordination of terms and conditions of probation through the District Attorney's Office, Public Defender's Office and Superior Court.

This latter component (coordination of terms and conditions of probation) will be performed by a specialized SPAN subprogram called STAR-LITE (Supervised Treatment After Release – Less Intense Treatment Expectations), which will expand the capacity of the Mental Health Court. Unlike the county's existing STAR Program, which includes ongoing case management, STAR-LITE will provide only aggressive front-end case management to inmates at high risk for recidivism, linking them to needed community services, financial support, housing and drug abuse counseling and treatment.

San Diego County is creating the Connections Program, which will use the Assertive Community Treatment model to provide increased assessment, intensive case management and wraparound services to severely mentally ill offenders on probation.

Increased assessment will begin with a Psychiatric Emergency Response Team (PERT) consisting of a law enforcement officer or deputy and a licensed mental health clinician. At the point of crisis, PERT team members will evaluate, assess, and refer the individual to the most appropriate level of treatment and care in the community. Should the violation of the law by the mentally ill individual be of such a serious nature that the PERT team cannot refer the individual to the community, then the mentally ill offender will be taken to the county jail for processing.

Upon entry to jail, individuals identified as having mental health issues will be referred to a social worker for further assessment and more extensive case management. A comprehensive case management component will provide in-jail and essential post-release care and wraparound services. Strategies for post-release include mental health or substance abuse treatment, aid in establishing long-term stability, including a stable source of income, a safe and decent residence, and a reliable conservator or caretaker.

All participants in the Connections Program will be assigned to one of five case management teams. Each team will assist 30 probationers annually, assuring a 1:10 staff-client ratio. Program services will be delivered in three phases, each lasting about three months. Independent of what phase of service the participant is in, team responsibilities include attending pre-release planning at in-jail psychiatric units for probationers being released into the community; being present at community psychiatric hospitalizations as needed; visiting new group homes; carrying a 24-hour pager in order to respond to crisis situations; and consulting and visiting with families as needed.

San Francisco County is implementing a Forensic Support System (FSS) to provide expanded clinical consultation to the courts; jail-based psychiatric assessment, treatment and pre-release planning; intensive case management and, as appropriate, intensive probation supervision.

The cornerstone of the FSS is the Forensic Case Management Team (FCMT), a multidisciplinary team that will have a low caseload (approximately 15 to 1) in coordinating and delivering a broad range of community-based treatment services. In addition to traditional individual and group counseling, case management, medication and money management, and substance abuse treatment, the Team is providing a range of socialization, skill building, recreation and pre-vocational opportunities. Throughout enrollment in the program, clients will be able to access a case manager 24 hours a day and crisis response will be swift and in person. In the event of incarceration, hospitalization, or acute diversion, case managers will meet with staff at the institution immediately to ensure continuity of care. Clients will go through a four-phase program, moving through phases according to their individual ability to manage symptoms and comply with their treatment plan (Phase I-Client Engagement; Phase II-Treatment Initiation; Phase III-Intensive Treatment; and Phase IV-Graduated Independence-Aftercare). The FCTM also manages a flexible housing fund to assure that individuals can access shelter and housing.

In addition to the FCMT, this project includes a Psychiatric Liaison to the court system exclusively for FSS clients. The Liaison is providing consultation to the District Attorney, Public Defender, Judge and Adult Probation Department to help assess and determine how best to integrate graduated sanctions that balance public safety, due process, and clinical issues. The project also includes an expansion of the Jail Aftercare Services program to provide intensive pre-release planning and to link clients with the FCMT, intensive supervision (when appropriate), and community-based treatment.

San Francisco's project was designated by the Legislature as a High Risk Model aimed at offenders who are likely to be committed to state prison. As such, the project will include state parolees.

San Mateo County is implementing the Options Project, which involves a multi-disciplinary team that provides additional probation supervision, intensive case management, mental health services and chemical dependency treatment to qualified mentally ill offenders approved by the court for release from custody.

The team manager (a Mental Health Program Specialist) is responsible for identifying potential participants, developing and implementing a plan for chemical dependency treatment when appropriate, and making housing recommendations to either the Own Recognizance Project or Probation staff (depending on the point in the adjudication process when the participant is referred to the program).

San Mateo County has identified housing options that range from short-term shelter to placement at a residential chemical dependency treatment program or locked subacute mental health treatment facility. Day reporting is required for clients who are not in a residential program and will include counseling, educational and training activities.

The Options Team includes a case manager who is opening a file for each participant at one of the three county mental health centers, reviewing the treatment plan with the participant while he/she is in jail, transporting the released offender to the housing specified in the plan, and providing a written copy of the daily activities schedule to the participant.

All participants will be placed on an intensive probation caseload and must agree to weekly urinalysis testing during their first six months of program participation.

Santa Barbara County is creating two Mental Health Treatment Courts (MHTC) that will be combined with Intensive Support Teams and wrap around community-based services.

The MHTCs, which will be in Santa Barbara and Santa Maria, will involve a judge, district attorney, public defender, probation officer and treatment officer working together during an 18-month intensive treatment and supervision program for offenders. The same judge in each court will handle each MHTC program case in order to provide as much consistency and coordination as possible. Participants will be brought back to the same court as often as necessary to increase their chances for successfully completing the program, which will include mental health and substance abuse treatment, medication monitoring, assistance with housing and employment, engagement with family members, and peer mentoring.

The Intensive Support Teams, which will consist of county probation officers and mental health professionals, will provide daily case management and supervision. Among other things, the teams will accompany the offenders to court appearances, treatment and other appointments necessary for their care; directly assist their clients in accessing local employment services and opportunities, including regional Horticulture Vocational Programs; and conduct 8-week skill training modules developed by UCLA researchers on community re-entry and substance abuse. The efforts of the Intensive Support Teams will be supplemented by services provided through a contract with a community-based organization that will extend service coverage to 24 hours, 7 days a week and ensure continuity of care for clients.

To help achieve the objectives of this project, the Housing Authorities of the County and City of Santa Barbara have formed a unique partnership that will provide Section 8 rental assistance vouchers for up to 50 of the mentally ill offenders in the treatment group, thus streamlining access to stable, long-term housing.

Santa Cruz County is implementing the MOST (Maintaining Ongoing Stability through Treatment) project. This effort draws in concept and practice upon the California Department of Mental Health's Conditional Release Program, which uses a combination of treatment and "probation-like" authority to serve and monitor judicially committed mentally ill offenders who return to the community, and the ACT (Assertive Community Treatment) model, which provides intensive treatment services to mentally ill persons on a 24-hour, 7 day per week basis. The project combines intensive probation supervision with intensive case management treatment for mentally ill individuals who have repeatedly been arrested.

The county has formed a specialized ACT Team that is providing integrated wrap around services to mentally ill offenders randomly assigned after adjudication to the demonstration program. This multidisciplinary team includes a mental health supervising client specialist (team leader) who is overseeing the treatment of offenders; a mental health nurse case manager who is providing nursing, medication management, therapy, case management and emergency services to clients; a psychiatrist; a substance abuse case manager; two specially trained deputy probation officers; and a consumer-peer team aide. The team is assuming responsibility for serving project clients in all settings, including if they return to jail, for approximately three and a half years.

A "spill-over" effect of this project will be database integration among the Sheriff's Office, Mental Health Department and Probation Department to gather the necessary data to track the mentally ill offender from arrest through the entire program.

Sonoma County is implementing the Forensic Assertive Community Treatment (FACT) project, an intensive case management program for mentally ill offenders with a history of multiple arrests and lengthy incarceration.

A modified version of the Assertive Community Treatment model that has been effective in reducing re-hospitalization among persistently mentally ill individuals, the FACT project involves an interdisciplinary team to provide in-depth assessment, intensive probation supervision, and a wide range of proactive and emergency services individually tailored to the specific needs of the client. Among other things, FACT will:

- Provide immediate intervention 24 hours a day, seven days a week.
- Facilitate the client's progress through the criminal justice system.
- Coordinate sentencing mandates with the Court's Mental Health Review Team.
- Provide ongoing stabilization and treatment during incarceration.
- Provide individualized treatment and access to community-based services upon release.
- Access financial entitlements for the client.
- Provide medication, individual and group therapy.
- Respond to emergency situations such as the need for housing, clothing, and/or food.
- Conduct mandatory drug testing for individuals with a history of substance use.

Clients will be rotated out of the FACT program when they achieve one year without any involvement in the criminal justice system and are considered "baseline stable" by the team. Generally, this will

mean the client is functioning well in the community, taking prescribed medication, has a stable living situation, and has had no recent psychiatric hospitalizations or emergency service contacts. FACT "graduates" who subsequently become acutely ill or come to the attention of law enforcement will be drawn back into the program as priority clients before new ones are accepted.

Stanislaus County is implementing a multi-agency Assertive Community Treatment (ACT) program that includes the following features:

- Low staff to client ratios (as few as seven clients on a service provider's caseload depending on the intensity of the service required to achieve program outcomes).
- Flexible, responsive and innovative intervention and treatment strategies tailored to the individual client (e.g., safe temporary housing, basic living necessities, necessary medical and/or other treatment services, transportation, and vocational training).
- Assertive interactions that engage clients in their respective community-based settings.
- Partnerships with those who are impacted by the client's behavior (e.g., area merchants) and who provide services to the client (e.g., Salvation Army).

A Mental Health Clinician is providing the clinical leadership for the ACT Team and has day-to-day responsibility for project operations. This individual is performing clinical assessments, ensuring that treatment planning and strategies are appropriate, providing limited clinical treatment and performing individual case management functions as needed.

The ACT Team also includes mental health case managers who are identifying, obtaining and coordinating any and all community services the client may need (e.g., substance abuse, health care, and benefits application/advocacy); a psychiatrist and registered nurse who are conducting outpatient assessments and providing medication education; a probation officer who is focusing on encouraging individual compliance with mental health treatment; and a peer recovery specialist who is providing support to program participants.

Appendix A

BILL NUMBER: SB 1485 CHAPTERED
BILL TEXT

CHAPTER 501
FILED WITH SECRETARY OF STATE SEPTEMBER 15, 1998
APPROVED BY GOVERNOR SEPTEMBER 15, 1998
PASSED THE SENATE AUGUST 30, 1998
PASSED THE ASSEMBLY AUGUST 27, 1998
AMENDED IN ASSEMBLY AUGUST 21, 1998
AMENDED IN ASSEMBLY JULY 8, 1998
AMENDED IN SENATE MAY 5, 1998
AMENDED IN SENATE APRIL 1, 1998

INTRODUCED BY Senator Rosenthal
(Principal coauthor: Senator Rainey)
(Coauthor: Senator McPherson)
(Coauthors: Assembly Members Hertzberg, Migden, Papan, Strom-Martin, Sweeney, and Thomson)

FEBRUARY 4, 1998

An act to add and repeal Article 4 (commencing with Section 6045) of Chapter 5 of Title 7 of Part 3 of the Penal Code, relating to mentally ill criminal offenders.

LEGISLATIVE COUNSEL'S DIGEST

SB 1485, Rosenthal. Mentally ill offender crime reduction grants.

Under existing law, it is the duty of the Board of Corrections to make a study of the entire subject of crime, with particular reference to conditions in the State of California, including causes of crime, possible methods of prevention of crime, methods of detection of crime, and apprehension of criminals, methods of prosecution of persons accused of crime, and the entire subject of penology, including standards and training for correctional personnel, and to report its findings, its conclusions and recommendations to the Governor and the Legislature as required.

This bill would require, until January 1, 2005, the Board of Corrections to administer and award mentally ill offender crime reduction grants on a competitive basis to counties that expand or establish a continuum of swift, certain, and graduated responses to reduce crime and criminal justice costs related to mentally ill offenders. The bill would require the board, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, to create an evaluation design for the grant program that will assess the effectiveness of the program in reducing crime, the number of early releases due to jail overcrowding, and local criminal justice costs, and would require the board to submit annual reports to the Legislature based on the evaluation design. The bill would require funding for the program to be provided, upon appropriation by the Legislature, in the annual Budget Act.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature hereby finds and declares all of the following:

(a) County jail inmate populations nearly doubled between 1984 and 1996, from 43,000 to 72,000. Court-ordered population caps have affected 25 counties and represent 70 percent of the average daily population in county jails. As a result of these caps and a lack of bed space, more than 275,000 inmates had their jail time eliminated or reduced in 1997.

(b) An estimated 7 to 15 percent of county jail inmates are seriously mentally ill. Although an estimated forty million dollars ($40,000,000) per year is spent by counties on mental health treatment within the institution, and that figure is rising rapidly, there are few treatment and intervention resources available to prevent recidivism after mentally ill offenders are released into the community. This leads to a cycle of rearrest and reincarceration, contributing to jail overcrowding and early releases, and often culminates in state prison commitments.

(c) The Pacific Research Institute estimates that annual criminal justice and law enforcement expenditures for persons with serious mental illnesses were between one billion two hundred million dollars ($1,200,000,000) and one billion eight hundred million dollars ($1,800,000,000) in 1993-94. The state cost in 1996-97 to incarcerate and provide mental health treatment to a seriously mentally ill state prisoner is between twenty-one thousand nine hundred seventy-eight dollars ($21,978) and thirty thousand six hundred ninety-eight dollars ($30,698) per year. Estimates of the state prison population with mental illness ranges from 8 to 20 percent.

(d) According to a 1993 study by state mental health directors, the average estimated cost to provide comprehensive mental health treatment to a severely mentally ill person is seven thousand dollars ($7,000) per year, of which the state and county cost is four thousand dollars ($4,000) per year. The 1996 cost for integrated mental health services for persons most difficult to treat averages between fifteen thousand dollars ($15,000) and twenty thousand dollars ($20,000) per year, of which the state and county costs are between nine thousand dollars ($9,000) and twelve thousand dollars ($12,000) per person.

(e) A 1997 study by the State Department of Mental Health of 3,000 seriously mentally ill persons found that less than 2 percent of the persons receiving regular treatment were arrested in the previous six months, indicating that crimes and offenses are caused by those not receiving treatment. Another study of 85 persons with serious mental illness in the Los Angeles County Jail found that only three of the persons were under conservatorship at the time of their arrest, and only two had ever received intensive treatment. Another study of 500 mentally ill persons charged with crimes in San Francisco found that 94 percent were not receiving mental health treatment at the time the crimes were committed.

(f) Research indicates that a continuum of responses for mentally ill offenders that includes prevention, intervention, and incarceration can reduce crime, jail overcrowding, and criminal justice costs.

(g) Therefore, it is the intent of the Legislature that grants

shall be provided to counties that develop and implement a comprehensive, cost-effective plan to reduce the rate of crime and offenses committed by persons with serious mental illness, as well as reduce jail overcrowding and local criminal justice costs related to mentally ill offenders.

SEC. 2. Article 4 (commencing with Section 6045) is added to Chapter 5 of Title 7 of Part 3 of the Penal Code, to read:

Article 4. Mentally Ill Offender Crime Reduction Grants

6045. The Board of Corrections shall administer and award mentally ill offender crime reduction grants on a competitive basis to counties that expand or establish a continuum of swift, certain, and graduated responses to reduce crime and criminal justice costs related to mentally ill offenders, as defined in paragraph (1) of subdivision (b) and subdivision (c) of Section 5600.3 of the Welfare and Institutions Code.

6045.2. (a) To be eligible for a grant, each county shall establish a strategy committee that shall include, at a minimum, the sheriff or director of the county department of corrections in a county where the sheriff is not in charge of administering the county jail system, who shall chair the committee, representatives from other local law enforcement agencies, the chief probation officer, the county mental health director, a superior court judge, a client of a mental health treatment facility, and representatives from organizations that can provide, or have provided, treatment or stability, including income, housing, and caretaking, for persons with mental illnesses.

(b) The committee shall develop a comprehensive plan for providing a cost-effective continuum of graduated responses, including prevention, intervention, and incarceration, for mentally ill offenders. Strategies for prevention and intervention shall include, but are not limited to, both of the following:

(1) Mental health or substance abuse treatment for mentally ill offenders who have been released from law enforcement custody.

(2) The establishment of long-term stability for mentally ill offenders who have been released from law enforcement custody, including a stable source of income, a safe and decent residence, and a conservator or caretaker.

(c) The plan shall include the identification of specific outcome and performance measures and a plan for annual reporting that will allow the Board of Corrections to evaluate, at a minimum, the effectiveness of the strategies in reducing:

(1) Crime and offenses committed by mentally ill offenders.

(2) Criminal justice costs related to mentally ill offenders.

6045.4. The Board of Corrections, in consultation with the State Department of Mental Health, and the State Department of Alcohol and Drug Programs, shall award grants that provide funding for four years. Funding shall be used to supplement, rather than supplant, funding for existing programs and shall not be used to facilitate the early release of prisoners or alternatives to incarceration. No grant shall be awarded unless the applicant makes available resources in an amount equal to at least 25 percent of the amount of the grant. Resources may include in-kind contributions from participating agencies. In awarding grants, priority shall be given to those proposals which include additional funding that exceeds 25 percent of the amount of the grant.

6045.6. The Board of Corrections, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, shall establish minimum standards, funding schedules, and procedures for awarding grants, which shall take into consideration, but not be limited to, all of the following:

(a) Percentage of the jail population with severe mental illness.

(b) Demonstrated ability to administer the program.

(c) Demonstrated ability to develop effective responses to provide treatment and stability for persons with severe mental illness.

(d) Demonstrated history of maximizing federal, state, local, and private funding sources.

(e) Likelihood that the program will continue to operate after state grant funding ends.

6045.8. The Board of Corrections, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, shall create an evaluation design for mentally ill offender crime reduction grants that will assess the effectiveness of the program in reducing crime, the number of early releases due to jail overcrowding, and local criminal justice costs. Commencing on June 30, 2000, and annually thereafter, the board shall submit a report to the Legislature based on the evaluation design, with a final report due on December 31, 2004.

6045.9. This article shall remain in effect only until January 1, 2005, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2005, deletes or extends that date.

6046. Funding for mentally ill offender crime reduction grants shall be provided, upon appropriation by the Legislature, in the annual Budget Act. It is the intent of the Legislature to appropriate twenty-five million dollars ($25,000,000) for the purposes of Mentally Ill Offender Crime Reduction Grants in the 1999-2000 fiscal year, subject to the availability of funds. Up to 5 percent of the amount appropriated in the budget may be available for the board to administer this program, including technical assistance to counties and the development of an evaluation component.

Appendix B

EXECUTIVE STEERING COMMITTEE

BOC Members

Harry Nabors, Chairperson
Jerry Krans, Co-Chairperson
Susan Saxe-Clifford, Ph.D.
Daniel Ballin

California State Association of Counties Representative

Supervisor John Flynn, Ventura County

California State Sheriffs Association (CSSA) Representatives

Sheriff Bill Kolender, San Diego County
Captain Norm Hurst, San Bernardino County, CSSA Detentions and Corrections Subcommittee

State Department of Mental Health Representative

Gary Pettigrew, Deputy Director

State Department of Alcohol and Drug Programs Representative

Susan Nisenbaum, Deputy Director

California Mental Health Directors Association Representative

John Anderson, MFCC, Deputy Director, Humboldt County Mental Health Department

Appendix C

APPENDIX C

The initial $27 million appropriation for the MIOCRG Program resulted in grants being awarded to the following seven counties for demonstration projects:

- Humboldt ($2,268,986.35)
- Kern ($3,098,768)
- Orange ($5,034,317)
- Sacramento ($4,719,320)
- San Bernardino ($2,477,557.55)
- Santa Barbara ($3,548,398)
- Santa Cruz ($1,765,012)

Appendix D

APPENDIX D

The 1999/00 State Budget allocation of $27 million, coupled with unexpended funds from the original $27 million appropriation for MIOCRG demonstration grants, is supporting projects in the following eight counties:

- Los Angeles ($5,000,000)
- Placer ($2,139,862)
- Riverside ($3,016,673)
- San Diego ($5,000,000)
- San Francisco ($5,000,000)
- San Mateo ($2,137,584)
- Sonoma ($3,704,473)
- Stanislaus ($1,713,490)

Appendix E

JANUARY 1999 COUNTY RANKINGS BY POPULATION SIZE, PERCENTAGE CHANGE AND NUMERIC CHANGE

	REV JAN 1998	JAN 1999 SIZE		1998-99 PCT. CHG		1998-99 NUM. CHG	
COUNTY	***Estimates***	***Estimates***	***Rank***	***Amount***	***Rank***	***Amount***	***Rank***
Alameda	1,413,400	1,433,300	7	1.41%	27	19,900	8
Alpine	1,190	1,190	58	0.00%	48	0	48
Amador	33,300	34,050	46	2.25%	5	750	38
Butte	199,100	201,900	27	1.41%	28	2,800	29
Calaveras	38,100	37,800	45	-0.79%	57	-300	56
Colusa	18,600	18,550	51	-0.27%	53	-50	52
Contra Costa	906,500	916,400	9	1.09%	37	9,900	12
Del Norte	28,100	28,100	48	0.00%	49	0	49
El Dorado	148,800	150,800	30	1.34%	31	2,000	32
Fresno	781,900	793,800	10	1.52%	22	11,900	9
Glenn	26,850	26,950	49	0.37%	45	100	46
Humboldt	126,000	128,100	33	1.67%	18	2,100	31
Imperial	143,000	142,700	31	-0.21%	52	-300	57
Inyo	18,300	18,250	52	-0.27%	54	-50	53
Kern	637,200	648,400	14	1.76%	16	11,200	10
Kings	121,000	128,300	32	6.03%	1	7,300	16
Lake	55,100	55,300	41	0.36%	46	200	44
Lassen	33,650	34,050	47	1.19%	33	400	40
Los Angeles	9,587,300	9,757,500	1	1.78%	15	170,200	1
Madera	114,100	115,800	35	1.49%	25	1,700	33
Marin	244,100	247,900	23	1.56%	20	3,800	24
Mariposa	16,000	16,100	53	0.63%	42	100	47
Mendocino	86,100	87,100	37	1.16%	34	1,000	35
Merced	203,200	206,900	26	1.82%	14	3,700	26
Modoc	9,975	9,925	56	-0.50%	55	-50	54
Mono	10,550	10,800	55	2.37%	4	250	43
Monterey	381,000	391,300	19	2.70%	3	10,300	11
Napa	121,900	124,600	34	2.21%	7	2,700	30
Nevada	89,200	89,600	36	0.45%	43	400	41
Orange	2,734,500	2,775,600	3	1.50%	24	41,100	3
Placer	219,400	225,900	25	2.96%	2	6,500	19
Plumas	20,450	20,450	50	0.00%	50	0	50
Riverside	1,441,000	1,473,300	6	2.24%	6	32,300	4
Sacramento	1,156,500	1,177,800	8	1.84%	13	21,300	7
San Benito	46,950	47,850	43	1.92%	12	900	36

San Bernardino	1,631,500	1,654,000	5	1.38%	29	22,500	6
San Diego	2,795,800	2,853,300	2	2.06%	11	57,500	2
San Francisco	783,400	790,500	11	0.91%	39	7,100	17
San Joaquin	546,900	554,400	15	1.37%	30	7,500	15
San Luis Obispo	236,400	241,600	24	2.20%	8	5,200	22
San Mateo	716,500	722,800	13	0.88%	40	6,300	20
Santa Barbara	402,900	409,000	18	1.51%	23	6,100	21
Santa Clara	1,686,400	1,715,400	4	1.72%	17	29,000	5
Santa Cruz	249,000	252,800	22	1.53%	21	3,800	25
Shasta	164,100	165,400	28	0.79%	41	1,300	34
Sierra	3,340	3,220	57	-3.59%	58	-120	55
Siskiyou	44,200	44,350	44	0.34%	47	150	45
Solano	382,000	390,100	20	2.12%	10	8,100	14
Sonoma	436,700	443,700	16	1.60%	19	7,000	18
Stanislaus	428,300	433,000	17	1.10%	36	4,700	23
Sutter	76,400	76,700	38	0.39%	44	300	42
Tehama	54,900	55,700	40	1.46%	26	800	37
Trinity	13,200	13,200	54	0.00%	51	0	51
Tulare	359,900	363,300	21	0.94%	38	3,400	27
Tuolumne	52,500	53,100	42	1.14%	35	600	39
Ventura	732,700	742,000	12	1.27%	32	9,300	13
Yolo	155,400	158,800	29	2.19%	9	3,400	28
Yuba	60,800	60,400	39	-0.66%	56	-400	58
CALIFORNIA	**33,226,000**	**33,773,000**		**1.65%**		**547,000**	

Appendix F

Board of Corrections

Mentally Ill Offender Crime Reduction Grant
Directory of Project Managers

As of 12/01/99

County	Project Manager Contact Information
Humboldt	Leslie Heller, Program Coordinator Humboldt County Sheriff's Department 826 Fourth Street Eureka, CA 95501 (707) 445-5319 lheller@co.humboldt.ca.us
Kern	Dr. James Waterman, Administrator P.O. Box 1000 Bakersfield, CA 93302 (661) 868-6117 jwaterman@co.kern.ca.us
Los Angeles	Taylor Moorehead, Chief Los Angeles County Sheriff's Department 450 Bauchet Street - E801 Los Angeles, CA 90012 (213) 893-5001 tkmooreh@lasd.org
Orange	Francisco Madrigal, Program Manager Health Care Agency 405 West 5th Street, Suite 560 Santa Ana, CA 92701 (714) 834-5708 fmadrigal@hca.co.orange.ca.us
Placer	Cheryl Trenwith, Program Manager 11512 B Avenue Auburn, CA 95603 (530) 886-3517 ctrenwit@placer.ca.gov
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